



Corres. and Mail
BOX AF

Response Under 37 C.F.R. § 1.116
Group Art Unit 2665, Expedited Procedure

01807.000652.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: T. D. Tran
YACINE SMAÏL EL KOLLI)
: Group Art Unit: 2665
Appln. No.: 09/314,119)
: Filed: May 19, 1999)
: For: METHOD AND DEVICE FOR)
SENDING DATA, METHOD AND :
DEVICE FOR RECEIVING DATA)

RECEIVED
OCT 26 2004
Technology Center 2600

October 19, 2004

Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

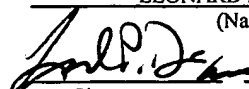
Sir:

In response to the Office Action of July 19, 2004, the Examiner is respectfully requested to amend the above-identified application as follows. The claims are listed beginning at page 2; and the Remarks begin at page 8.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

October 19, 2004.
(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)
(Name of Attorney for Applicant)


Signature

October 19, 2004
Date of Signature



AF
61

In re Application of

Docket No. 01807.000652.

YACINE SMAIL EL KOLLI

Application No.: 09/314,119

Examiner: T. D. Tran

Filed: May 19, 1999

Group Art Unit: 2665

For: METHOD AND DEVICE FOR SENDING DATA,
METHOD AND DEVICE FOR RECEIVING DATA

Date: October 19, 2004

Mail Stop AF
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
OCT 26 2004
Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 54	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 12	= 0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.-----

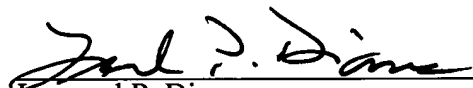
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicants
Registration No.: 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200